

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT****6954****FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">12</div>
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div> <del>MR</del> / <del>MRS</del> / MR FIRST <b>Robert</b> NICKNAME LAST <b>Bob VANN</b> </div> <div> MI — SUFFIX — </div> </div>		<b>OFFICE USE ONLY</b>  Date Received   Date Hand-delivered or Date Postmarked  Receipt # Amount  Date Processed  Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>800 Sykes Ct. Pflugerville TX 78660</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 670-1888</b>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div> <del>MR</del> / <del>MRS</del> / MR FIRST <b>Becky</b> NICKNAME LAST <b>VANN</b> </div> <div> MI <b>J.</b> SUFFIX — </div> </div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>800 Sykes Ct, Pflugerville TX 78660</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 670-1888</b>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year <b>07/01/08</b> THROUGH <b>09/25/08</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>11/04/08</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (If any) <b>Constable Pct2</b>	13 OFFICE SOUGHT (If known) <b>Constable Pct2</b>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<p>.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Name   Address / PO Box; Apt. / Suite #; City; State; Zip Code </div>		
<input type="checkbox"/> additional pages			
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2****15 C/OH NAME****16 ACCOUNT # (Ethics Commission Filer)****17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE**☐ **GENERAL**☐ **SPECIFIC****COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**18 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 125<sup>00</sup>

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 8001.05

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 160<sup>00</sup>

4. TOTAL POLITICAL EXPENDITURES

\$ 244<sup>00</sup>**CONTRIBUTION  
BALANCE**

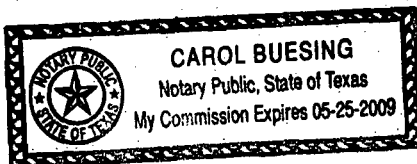
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Robert Vann*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Vann, this the 2 day of October, 2008, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **3**

2 FILER NAME

**Robert VANN**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**8/15/08**

5 Full name of contributor ☐ out-of-state PAC (ID#)

**Bill Thomas**

6 Contributor address; City; State; Zip Code

**2566 Kahala Sunset Ct.  
Spicewood TX 78669**

7 Amount of contribution (\$)

**150<sup>00</sup>**

8 In-kind contribution description (if applicable)

**Sponsorship  
of golf hole**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

**9/5/08**

Full name of contributor ☐ out-of-state PAC (ID#)

**Carol Buesing**

Contributor address; City; State; Zip Code

**1305 Rocky Creek, Pflugerville TX 78660**

Amount of contribution (\$)

**306.05**

In-kind contribution description (if applicable)

**Flags**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**7/19/08**

Full name of contributor ☐ out-of-state PAC (ID#)

**Travis County Republican Party**

Contributor address; City; State; Zip Code

**10711 Burnet Rd., Ste. 315, Austin TX 78759**

Amount of contribution (\$)

**5000**

In-kind contribution description (if applicable)

**Training**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**7/16/08**

Full name of contributor ☐ out-of-state PAC (ID#)

**Thomas Evans**

Contributor address; City; State; Zip Code

**6701 N. Hwy 183, Liberty Hill, TX 78642**

Amount of contribution (\$)

**200**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**7/17/08**

Full name of contributor ☐ out-of-state PAC (ID#)

**Randy Cline**

Contributor address; City; State; Zip Code

**869 Picadilly Dr., Pflugerville TX 78660**

Amount of contribution (\$)

**200**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **3**

2 FILER NAME

**Bob VANN**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**8/6/08**

5 Full name of contributor

☐ out-of-state PAC (ID#)

**LAKE TRAVIS Republican PAC**

6 Contributor address; City; State; Zip Code

**107 LAKEWAY Hills Cv., LAKEWAY TX 78734**

7 Amount of contribution (\$)

**1000**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

**9/18/08**

Full name of contributor

☐ out-of-state PAC (ID#)

**Les WALL**

Contributor address; City; State; Zip Code

**1614 Dove Haven, Pflugerville TX 78660**

Amount of contribution (\$)

**100**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**9/22/08**

Full name of contributor

☐ out-of-state PAC (ID#)

**John W. Parker**

Contributor address; City; State; Zip Code

**2805 Summit Heights Ct., Pflugerville TX 78660**

Amount of contribution (\$)

**150**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**9/22/08**

Full name of contributor

☐ out-of-state PAC (ID#)

**Irby Ford**

Contributor address; City; State; Zip Code

**17401 Weiss Ln, Pflugerville TX 78660**

Amount of contribution (\$)

**100**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**9/22/08**

Full name of contributor

☐ out-of-state PAC (ID#)

**DENNIS WALLACE**

Contributor address; City; State; Zip Code

**1211 LAKEWAY Dr., LAKEWAY TX 78734**

Amount of contribution (\$)

**70**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **3**

2 FILER NAME

**Bob VANN**

3 ACCOUNT # (Ethics Commission files)

4 Date

**9/25/08**

5 Full name of contributor

☐ out-of-state PAC (ID#)

**Lake Travis Republican Women PAC**

6 Contributor address; City; State; Zip Code

**23 Drifting Wind Run, The Hills TX 78738**

7 Amount of contribution (\$)

**500**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

**9/25/08**

Full name of contributor

☐ out-of-state PAC (ID#)

**Richard M. Edwards**

Contributor address; City; State; Zip Code

**6528 Heron Dr., Austin TX 78759**

Amount of contribution (\$)

**100**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# LOANS

## SCHEDULE E

N/A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <div style="text-align: right; font-size: 1.5em;">1</div>	
2 FILER NAME <div style="font-size: 1.5em; font-family: cursive;">Robert VANN</div>		3 ACCOUNT # (Ethics Commission files)	
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒			\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		9 Loan Amount (\$)
6 Is lender a financial institution?  Y            N	8 Lender address;    City;    State;    Zip Code		10 Interest rate
			11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	16 Name of guarantor  17 Guarantor address;    City;    State;    Zip Code		18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)
Is lender a financial institution?  Y            N	Lender address;    City;    State;    Zip Code		Interest rate
			Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;    City;    State;    Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **1**

2 FILER NAME

**Robert VANN**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**9/3/08**

5 Payee name

**US Post Office**

6 Payee address; City; State; Zip Code

**Pflugerville TX 78660-3533**

7 Amount (\$)

**84.00**

8 Purpose of payment (See instructions regarding type of information required.)

**Stamps**

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

**Bob VANN Constable Pt2 Constable Pt2**

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

Robert Vann

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount  
(\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

(If travel outside of Texas, complete Schedule T)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# **PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH**

**SCHEDULE H**

N/A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:

1

2 FILER NAME

Robert VANN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount  
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

(If travel outside of Texas, complete Schedule T)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**



# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

N/A

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>
2 FILER NAME <u>Robert VANN</u>		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Schedule A</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B</div> <div style="width: 33%;"><input type="checkbox"/> Schedule C</div> <div style="width: 33%;"><input type="checkbox"/> Schedule D</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F</div> <div style="width: 33%;"><input type="checkbox"/> Schedule G</div> <div style="width: 33%;"><input type="checkbox"/> Schedule H</div> <div style="width: 33%;"><input type="checkbox"/> Schedule N</div> <div style="width: 33%;"><input type="checkbox"/> COH-UC</div> <div style="width: 33%;"><input type="checkbox"/> COH-T</div> <div style="width: 33%;"><input type="checkbox"/> PAC-C</div> <div style="width: 33%;"><input type="checkbox"/> PAC-E</div> </div>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Schedule A</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B</div> <div style="width: 33%;"><input type="checkbox"/> Schedule C</div> <div style="width: 33%;"><input type="checkbox"/> Schedule D</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F</div> <div style="width: 33%;"><input type="checkbox"/> Schedule G</div> <div style="width: 33%;"><input type="checkbox"/> Schedule H</div> <div style="width: 33%;"><input type="checkbox"/> Schedule N</div> <div style="width: 33%;"><input type="checkbox"/> COH-UC</div> <div style="width: 33%;"><input type="checkbox"/> COH-T</div> <div style="width: 33%;"><input type="checkbox"/> PAC-C</div> <div style="width: 33%;"><input type="checkbox"/> PAC-E</div> </div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Schedule A</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B</div> <div style="width: 33%;"><input type="checkbox"/> Schedule C</div> <div style="width: 33%;"><input type="checkbox"/> Schedule D</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F</div> <div style="width: 33%;"><input type="checkbox"/> Schedule G</div> <div style="width: 33%;"><input type="checkbox"/> Schedule H</div> <div style="width: 33%;"><input type="checkbox"/> Schedule N</div> <div style="width: 33%;"><input type="checkbox"/> COH-UC</div> <div style="width: 33%;"><input type="checkbox"/> COH-T</div> <div style="width: 33%;"><input type="checkbox"/> PAC-C</div> <div style="width: 33%;"><input type="checkbox"/> PAC-E</div> </div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		